

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	12/6/00
FORMALITY REVIEW	HA	858	03-15-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim		Date			
Final	Original	15	16	17	18
		02	02	03	03
1	3	0	=	=	
2	5		✓	=	
3	6		✓		
4	7		=		
5	8		=	✓	✓
6	9		✓		
7	10		✓		
8	11		✓		
9	12		✓		
10	13		✓		
11	14		✓		
12	15		0	=	
13	16		0	=	
14	17		✓	✓	
15	18		1	=	✓
16	19				✓
17	20				0
18	21				
19	22		✓		✓
20	23		=	✓	
21	24		✓	✓	=
22	25		✓		✓
23	26			✓	
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29	32		=		
30	33				
31	34				
32	35				✓
33	36				✓
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35	38				
36	39				
37	40		✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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